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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						10/031815		
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/	/	/	/	/	51	/	
2	/	/	/	/	/	52	/	
3	/	/	/	/	/	53	/	
4	/	/	/	/	/	54	/	
5	/	/	/	/	/	55	/	
6	/	/	/	/	/	56	/	
7	/	/	/	/	/	57	/	
8	/	/	/	/	/	58	/	
9	/	/	/	/	/	59	/	
10	/	/	/	/	/	60	/	
11	/	/	/	/	/	61	/	
12	/	/	/	/	/	62	/	
13	/	/	/	/	/	63	/	
14	/	/	/	/	/	64	/	
15	/	/	/	/	/	65	/	
16	/	/	/	/	/	66	/	
17	/	/	/	/	/	67	/	
18	/	/	/	/	/	68	/	
19	/	/	/	/	/	69	/	
20	/	/	/	/	/	70	/	
21	/	/	/	/	/	71	/	
22	/	/	/	/	/	72	/	
23	/	/	/	/	/	73	/	
24	/	/	/	/	/	74	/	
25	/	/	/	/	/	75	/	
26	/	/	/	/	/	76	/	
27	/	/	/	/	/	77	/	
28	/	/	/	/	/	78	/	
29	/	/	/	/	/	79	/	
30	/	/	/	/	/	80	/	
31	/	/	/	/	/	81	/	
32	/	/	/	/	/	82	/	
33	/	/	/	/	/	83	/	
34	/	/	/	/	/	84	/	
35	/	/	/	/	/	85	/	
36	/	/	/	/	/	86	/	
37	/	/	/	/	/	87	/	
38	/	/	/	/	/	88	/	
39	/	/	/	/	/	89	/	
40	/	/	/	/	/	90	/	
41	/	/	/	/	/	91	/	
42	/	/	/	/	/	92	/	
43	/	/	/	/	/	93	/	
44	/	/	/	/	/	94	/	
45	/	/	/	/	/	95	/	
46	/	/	/	/	/	96	/	
47	/	/	/	/	/	97	/	
48	/	/	/	/	/	98	/	
49	/	/	/	/	/	99	/	
50	/	/	/	/	/	100	/	
TOTAL IND.						TOTAL IND.		
TOTAL DEP.						TOTAL DEP.		
TOTAL CLAIMS						TOTAL CLAIMS		

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